

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/675761  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	1		1		1	
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TOTAL CLAIMS	8		8		5	

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**BEST AVAILABLE COPY**